

PERFORMERS THEATRE WORKSHOP

Registration Form for Mid-Winter 2018 / Spring 2018

Student First Name	Last Name	Gender	Date
School	Grade in Sept 17	Home #	Age Birthday
Address	City	State	Zip
Primary Contact & Relationship	Cell #	Email	
Secondary Contact & Relationship	Cell #	Email	
Student Email	Student Cell #		
Alternate Emergency Contact	Relationship to Student	Phone #	

FALL, MID-WINTER & SPRING Registration

Track Name	Class	FALL (Day, Time)	MID-WINTER (Day, Time)	SPRING (Day, Time)	Tuition
	Act/Dance/Sing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Full Track (includes *)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Ballet/Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Jazz/Hip-Hop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Tap	<input type="checkbox"/>		<input type="checkbox"/>	
	* Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	* Performing	<input type="checkbox"/>		<input type="checkbox"/>	
	* Song Interpretation	<input type="checkbox"/>		<input type="checkbox"/>	
	Sight Singing	<input type="checkbox"/>		<input type="checkbox"/>	
	Comedy & Improv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TV Commercials/TV Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ballet Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jazz/Hip Hop Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Acro, Leaps & Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PRIVATE LESSONS

Type of Lesson (please specify: acting, dance, guitar, piano, voice, etc.)	Day Time		Full Year (26 lessons) Fall, M-W & Spring	Fall Only (10 Lessons)	MidWinter Only (6 Lessons)	Spring Only (10 Lessons)	Tuition
	FOR OFFICE USE ONLY:						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Twenty-six 30 Minute Lessons: \$1,768 --- Twenty-six 45 Minute Lessons: \$2,548 --- Twenty-six 60 Minute Lessons: \$3,536

Ten 30 Minute Lessons: \$680 --- Ten 45 Minute Lessons: \$980 --- Ten 60 Minute Lessons: \$1,360

Six 30 Minute Lessons: \$408 --- Six 45 Minute Lessons: \$588 --- Six 60 Minute Lessons: \$816

NYC SHOWCASE & PROFESSIONAL TRACK Registration

New York City Broadway Showcase - Mid-Winter	Tuition
Professional Track - Fall/Mid-Winter/Spring	

Notes: _____

Sub-total =

Office Use -

Pay in Full Discount -

Tuition over \$2,000, \$50 discount if paid in full by cash or check

Referral Discount -
\$250 per registered student

Payment Plan Fee + \$50

Registration Fee + \$45

Total Tuition =

FOR OFFICE USE ONLY:	
<input type="checkbox"/> FM Contact Info	<input type="checkbox"/> Privates scheduled
<input type="checkbox"/> FM People	<input type="checkbox"/> FM A/R

Include Payment Plan Fee of \$50 per
plan only if not paying in full.
Siblings share one plan.

--See Back For Payment Info--

1 Pierson Road, Maplewood, NJ 07040

phone: 973-327-2250

fax: 973-313-2265

website: ptwonline.com

email: ptwstars@gmail.com

PAYMENT INFO: For tuitions over \$2000, there is a \$50 discount if you pay in full by cash or check

For your convenience, we accept Visa, Mastercard, Discover, auto-debit, cash & check.
Paperclip voided check if you are choosing to use auto-debit from checking account.

I hereby authorize PTW to charge a total of \$ _____ with the following payment option (check one option below):

Pay In Full Option

Mid Winter Payment Plan

25% at time of registration
25% on December __, 2017
25% on January __, 2018
25% on February __, 2018

\$ _____ Per Payment

Cardholder's Name _____

Card Number

Exp. Date

CVC _____
(3 digit code on back)

Signature _____

Date ____/____/20____

**Once we receive your registration form, we will charge your first payment within 5 business days.
All following payments will occur on the same date each month for the duration of the plan.**

PLEASE READ CAREFULLY

REFUND POLICY: You will receive a refund (less the \$45.00 registration fee, less the non refundable deposit, and less any credit card fees that may have been incurred) if you send a written request by mail or e-mail to Performers Theatre Workshop (from here on, referred to as PTW) no later than Aug. 15th for the Fall semester, Nov. 15th for the Mid Winter semester, and Jan. 15th for the Spring semester. There will be no refunds after these dates. After these dates, you are responsible for all payments, even if you withdraw early or miss sessions. If a course is canceled due to lack of enrollment, you will receive a full refund for that course.

LEAVING THE BUILDING: Students may not leave the premises between or after classes unless they have written permission from a parent or guardian exempting PTW from liability. PTW will only be responsible for students while they are in class.

PLEASE NOTE: It is expressly agreed and understood that if any student is found possessing illegal drug, alcoholic beverages, leaving the assigned class area, damaging or defacing property or conducting him/herself in an inappropriate fashion, or a student's parent/guardian conducts him/herself in an inappropriate fashion, the student may be dismissed at the sole discretion of the directors with no reduction in tuition.

As further consideration of this enrollment, it is agreed that PTW may use any photographs, video, sound recording, or any other medium in which the student appears (captured previously or in the future) for publication, advertisement, promotion and/or exhibition.

Medical or emotion issues we should be aware of: (Any allergies or restrictions):

How did you learn about PTW? _____

The signing of this form indicates that I have read the above and agree to its contents.

Parent or Guardian

Date ____/____/20____

Student

Date ____/____/20____